

**UNOFFICIAL COPY**



Doc#: 0627005165 Fee: \$28.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 09/27/2006 11:29 AM Pg: 1 of 3

**Stewart Title of Illinois**  
**2 North LaSalle # 625**  
**Chicago, Illinois 60602**  
**312-849-4243**  
**STCIL**\_\_\_\_\_

**DECEASED JOINT  
TENANT  
AFFIDAVIT**

STEWART TITLE OF ILLINOIS  
2 N. LaSalle Street  
Suite 625  
Chicago, IL 60602  
312-849-4243

Property of Cook County Clerk's Office

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492231 1/3

## AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS  
COUNTY OF COOK

} SS

RE: YOUR ORDER NO. 492231

Joyce Cavanaugh, being duly sworn and for the purpose of inducing

Stewart Title to issue the subject policy covering the hereinafter-described land, state:

1. That she resides at 12524 S. Tripp Alsip, Illinois;
2. That she was acquainted with Ray B. Cavanaugh, Jr. (her spouse), who died on 7/14/1999,

as evidenced by the attached certified copy of death certificate;

3. That said decedent was one of the owners of land described:

in the subject order number;

in the following legal description;

LOT 11 IN BLOCK 1 IN ALSIP HIGHLAND SUBDIVISION, BEING A SUBDIVISION OF THE EAST 825 FEET OF THE SOUTH 1584 FEET (EXCEPT THE WEST 175 FEET OF THE NORTH 792 FEET THEREOF AND EXCEPT THE WEST 308 FEET OF THE SOUTH 792 FEET THEREOF) OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 27, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Tax No. 24-27-402-011-0000

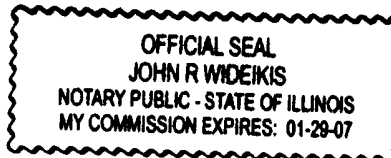
Address of said real estate: 12524 S. Tripp, Alsip, IL 60803

4. That said decedent died:

leaving no last will and testament;

leaving a last will and testament, a copy of which is attached;

5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$ 100,000.00

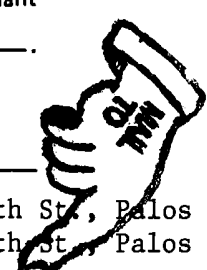


Subscribed and sworn to before

me by the said Joyce Cavanaugh affiant  
this 15th day of Sept. 2006

Joyce Cavanaugh  
(affiant's signature)

John R. Wideikis  
Notary Public



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REGISTRATION DISTRICT NO. 1631 REGISTERED NUMBER 542

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital or Physicians Handbook for INSTRUCTIONS

DECEASED - NAME, COUNTY OF DEATH, CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER, BIRTHPLACE, SOCIAL SECURITY NUMBER, RESIDENCE, STATE, FATHER'S NAME, MOTHER'S NAME, RELATIONSHIP, MAILING ADDRESS, DATE OF BIRTH, DATE OF DEATH, SEX, MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, USUAL OCCUPATION, NAME OF SURVIVING SPOUSE, KIND OF BUSINESS OR INDUSTRY, EDUCATION, INSIDE CITY, COUNTY, IF HOSP. OR INST. INDICATE D.O.A., OP. OR R.M. INPATIENT, WAS DECEASED WHILE IN U.S. ARMED FORCES?

1. DECEASED - NAME: Ray, FIRST MIDDLE LAST: Cavanaugh Jr., SEX: Male, DATE OF BIRTH: April 29, 1935, DATE OF DEATH: July 14, 1999. 2. COUNTY OF DEATH: Cook, CITY: Chicago, IL. 3. BIRTHPLACE: Chicago, IL. 4. SOCIAL SECURITY NUMBER: 361-26-2998. 5. RESIDENCE: 12524 S. Tripp, State: Illinois. 6. FATHER'S NAME: Ray, MOTHER'S NAME: Cavanaugh. 7. RELATIONSHIP: Wife. 8. MAILING ADDRESS: 12524 S. Tripp, Alsip, IL. 60803. 9. DATE OF BIRTH: April 29, 1935. 10. DATE OF DEATH: July 14, 1999. 11. SEX: Male. 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married. 13. USUAL OCCUPATION: Clerk. 14. NAME OF SURVIVING SPOUSE: Joyce Oberman. 15. KIND OF BUSINESS OR INDUSTRY: Township. 16. EDUCATION: High School Graduate. 17. INSIDE CITY: Alsip. 18. COUNTY: Cook. 19. IF HOSP. OR INST. INDICATE D.O.A., OP. OR R.M. INPATIENT: Inpatient. 20. WAS DECEASED WHILE IN U.S. ARMED FORCES?: No.

18. PART I. Immediate Cause (Final disease or condition resulting in death): Sepsis Syndrome. 19. CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF: Aspiration Pneumonia. (b) DUE TO, OR AS A CONSEQUENCE OF: (c) PART II. Other significant conditions contributing to death but not resulting in the final cause given in PART I.

20. DATE OF OPERATION, IF ANY: 7.19.99. 21. (10) (D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 7.19.99. 22. SIGNATURE AND ADDRESS OF CERTIFIER: Dr. Rajender Singh, 4090 W. 114th Street, Oak Lawn, IL 60453. 23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: (TYPE OR PRINT)

24. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial. 25. CEMETERY OR CREMATORY - NAME, LOCATION, CITY OR TOWN, STATE: Chapel Hill Gardens South Cemetery, Oak Lawn, Illinois. 26. FUNERAL DIRECTOR'S SIGNATURE: James Heaton. 27. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): July 19, 1999.

DISPOSITION: Chapel Hill Gardens South Cemetery 11333 S. Central Oak Lawn IL. 60453. LOCAL REGISTRAR'S SIGNATURE: James Heaton. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): July 19, 1999.

I HEREBY CERTIFY THAT THE foregoing is a true and correct copy of the DEATH RECORD for the decedent named at ITEM 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS. DATE: July 19, 1999 SIGNED: James Heaton BLUE ISLAND, ILLINOIS OFFICIAL TITLE, LOCAL REGISTRAR